BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH statement of OCCUPATION is very important. 1. PLACE OF DEATH County..... Resistration District No...... Redistered No. (Usual place of abode) (If nonresident give city or town and State) Leafth of residence in city or town where death occurred How long in U.S., if of foreign hirth? TTS. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) 192 ' DIVORCED (write the word) 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Exact 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH® WAS AS FOLLOWS: 7. AGE YEARS MONTHS DAYS If LPSS then 1 oktheria day,brs.min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work CONTRIBUTORY. (b) General nature of industry. (SECONDARY) business, or establishment in which employed (or employer)......(duration).....vrs. (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) 7720 (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHLING. DATE OF 10. NAME OF FATHER in plain terms, WAS THERE AN AUTORS 11. BIRTHPLACE OF FATHER (CATY OR TOWN)....... WHAT TEST CONFIRMED DIAGNOSIS (STATE OR COUNTRY) (Sidned) 12. MAIDEN NAME OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)...... (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) 15. 20. UNDERTAKER ADDRESS

MISSOURI STATE BOARD OF HEALTH

